

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                               |                                  |                     |                                    |               | Application or Docket Number<br><b>10/800181</b> |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
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| Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                               |                                  |                     |                                    |               |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                               |                                  |                     |                                    |               |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                               | (Column 2)                       |                     | SMALL ENTITY                       |               | OR<br>OTHER THAN SMALL ENTITY                    |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NUMBER FILED                                                                                                                                                                                                                  | NUMBER EXTRA                     | RATE (\$)           | FEE (\$)                           | RATE (\$)     | FEE (\$)                                         |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
| BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                               |                                  |                     |                                    |               |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
| SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                               |                                  |                     |                                    |               |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
| EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                               |                                  |                     |                                    |               |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 63                                                                                                                                                                                                                            | minus 20 =                       |                     |                                    |               |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4                                                                                                                                                                                                                             | minus 3 =                        |                     |                                    |               |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
| APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                  |                     |                                    |               |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                               |                                  |                     |                                    |               |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <b>APPLICATION AS AMENDED – PART II</b><br/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 20%; text-align: center;">8/6/07</div> <div style="width: 20%; text-align: center;">(Column 1)</div> <div style="width: 20%; text-align: center;">(Column 2)</div> <div style="width: 20%; text-align: center;">(Column 3)</div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">AMENDMENT A</td> <td></td> <td style="text-align: center;">CLAIMS REMAINING AFTER AMENDMENT</td> <td></td> <td style="text-align: center;">HIGHEST NUMBER PREVIOUSLY PAID FOR</td> <td style="text-align: center;">PRESENT EXTRA</td> </tr> <tr> <td style="text-align: center;">Total<br/>(37 CFR 1.16(i))</td> <td style="text-align: center;">18</td> <td style="text-align: center;">Minus</td> <td style="text-align: center;">63</td> <td style="text-align: center;">=</td> </tr> <tr> <td style="text-align: center;">Independent<br/>(37 CFR 1.16(h))</td> <td style="text-align: center;">2</td> <td style="text-align: center;">Minus</td> <td style="text-align: center;">4</td> <td style="text-align: center;">=</td> </tr> <tr> <td colspan="5">Application Size Fee (37 CFR 1.16(s))</td> </tr> <tr> <td colspan="5">FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">SMALL ENTITY</td> <td colspan="2" style="text-align: center;">OR<br/>OTHER THAN SMALL ENTITY</td> </tr> <tr> <td style="text-align: center;">RATE (\$)</td> <td style="text-align: center;">ADDITIONAL FEE (\$)</td> <td style="text-align: center;">RATE (\$)</td> <td style="text-align: center;">ADDITIONAL FEE (\$)</td> </tr> <tr> <td style="text-align: center;">X =</td> <td></td> <td style="text-align: center;">X =</td> <td></td> </tr> <tr> <td style="text-align: center;">X =</td> <td></td> <td style="text-align: center;">X =</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">TOTAL ADD'L FEE</td> <td colspan="2" style="text-align: center;">TOTAL ADD'L FEE</td> </tr> </table> </div> </div> |                                                                                                                                                                                                                               |                                  |                     |                                    |               |                                                  |  | AMENDMENT A |  | CLAIMS REMAINING AFTER AMENDMENT |  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | Total<br>(37 CFR 1.16(i)) | 18 | Minus | 63 | = | Independent<br>(37 CFR 1.16(h)) | 2 | Minus | 4 | = | Application Size Fee (37 CFR 1.16(s)) |  |  |  |  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  | SMALL ENTITY |  | OR<br>OTHER THAN SMALL ENTITY |  | RATE (\$) | ADDITIONAL FEE (\$) | RATE (\$) | ADDITIONAL FEE (\$) | X = |  | X = |  | X = |  | X = |  | TOTAL ADD'L FEE |  | TOTAL ADD'L FEE |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                               | CLAIMS REMAINING AFTER AMENDMENT |                     | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
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| SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                               | OR<br>OTHER THAN SMALL ENTITY    |                     |                                    |               |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
| RATE (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ADDITIONAL FEE (\$)                                                                                                                                                                                                           | RATE (\$)                        | ADDITIONAL FEE (\$) |                                    |               |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
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| TOTAL ADD'L FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                               | TOTAL ADD'L FEE                  |                     |                                    |               |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                               | (Column 2)                       |                     | (Column 3)                         |               |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                               | CLAIMS REMAINING AFTER AMENDMENT |                     | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |                                                  |  |             |  |                                  |  |                                    |               |                           |    |       |    |   |                                 |   |       |   |   |                                       |  |  |  |  |                                                                 |  |  |  |  |              |  |                               |  |           |                     |           |                     |     |  |     |  |     |  |     |  |                 |  |                 |  |
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\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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